

(1) PLACE OF BIRTH

County of Jefferson
 Township of Irwin
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
34485

Registration District No. 2018 Registered No. 2207
 (For use of Local Registrar)

(2) Full Name of Child Jaylor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 19 24
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Albert J Jaylor
 (9) PRESENT POSTOFFICE OF FATHER Herringsburg
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Ida Cox
 (15) PRESENT POSTOFFICE OF MOTHER Herringsburg
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 440 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Celler
 (24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 17 1924 (28) L. B. Portman Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.